

Notice: Completion of this form is mandatory under ch. NR 406.04, 410.05 and 447.07, Wis. Adm. Code. Penalties for failure to provide complete information requested include forfeitures of \$10 to \$25,000, fines of up to \$25,000 and imprisonment for up to six months. This form may be used to meet the notification requirements for the Department of Health and Family Services, Wis. Adm. Code 159. Personally identifiable information provided may be matched with other private, state, and federal agencies.

Submit Form: Return completed form to the appropriate office(s) listed on page 2. The DNR does not accept FAXed copies of original or revised notifications.

SHADED AREAS ON THIS FORM ARE FOR DNR USE ONLY.

1. Contractor Project #:	2. Postmark:	3. Date Received:	4. DNR File #:					
5. <u>Type of Notification:</u> <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency: Date/Hr Notified: ____/____/____ :____ <input type="checkbox"/> Other (Explain): _____		6. <u>Type of Project:</u> <input type="checkbox"/> Renovation/Abatement <input type="checkbox"/> Emergency Renovation/Abatement <input type="checkbox"/> Planned Renovation/Abatement (Annual) <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Fire Training Burn Asbestos Present? (Circle one): Yes No						
7. <u>Date (MM/DD/YY) of DNR Required Pre-Project Asbestos Inspection:</u> Start: _____ End: _____		8. <u>Inspector Certification Information:</u> Name: _____ WI Inspector #: _____						
9. <u>Dates (MM/DD/YY) of Asbestos Abatement:</u> Start: _____ End: _____ Work Shift(s): 1 2 3 Weekend: _____		10. <u>Dates (MM/DD/YY) of Renovation/Demolition:</u> Start: _____ End: _____ Work Shift(s): 1 2 3 Weekend: _____						
11. <u>Abatement Contractor:</u> Name: _____ Address: _____ _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____		12. <u>Demolition Contractor:</u> Name: _____ Address: _____ _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____						
13. <u>Facility Information:</u> Name: _____ Address: _____ _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____ Prior Use: _____ Present Use: _____ Age (Yrs): _____; Size (Sq.Ft.): _____ Number of Floors: _____; Number of Apartment Units: _____ County: _____ DNR Region: _____ Number of structures to be demolished: _____		14. <u>Facility Owner:</u> Name: _____ Address: _____ _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____ 15. <u>Waste Disposal Site/Transporter:</u> Name: _____ Address: _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____ DNR License Number: _____						
16. Amount of Asbestos, including: A. Regulated Friable Asbestos/RACM to be removed. B. Category I & II ACM <u>TO BE</u> removed. C. Category I & II ACM <u>NOT</u> removed.		Friable Asbestos/RACM <u>TO BE</u> removed	Nonfriable Asbestos Material <u>TO BE</u> removed <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;">CAT I</td> <td style="width:50%; text-align: center; border: none;">CAT II</td> </tr> </table>	CAT I	CAT II	Nonfriable Asbestos Material <u>NOT</u> removed before demolition <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;">CAT I</td> <td style="width:50%; text-align: center; border: none;">CAT II</td> </tr> </table>	CAT I	CAT II
CAT I	CAT II							
CAT I	CAT II							
Pipes (Linear Feet)								
Surface Area (Square Feet)								
Volume Friable ACM off facility component (Cubic Feet)								
17. <u>Asbestos Abatement/Demolition Fees</u> - Check or money order must be submitted with notification to DNR Asbestos Coordinator								
Project Type	Quantities to be Abated * Refer to Box 6 and Box 16 to determine fee submittal amount * Make checks payable to WI Dept. of Natural Resources			Check Amount Due	Amount Rec'd By DNR			
Demolition	Less than 160 square and 260 linear feet of friable or nonfriable ACM			[] \$50				
Reno/Demo	At least 160 sq. or 260 ln. ft. friable asbestos/RACM but less than 1000 combined feet			[] \$150				
Reno/Demo	Combined square & linear feet friable asbestos/RACM quantities of at least 1000 feet			[] \$335				

18. Indicate the inspection procedure, including analytical methods, used to detect the presence or absence of the ACM				
19. Description of the asbestos material involved and its location in the facility to be demolished/renovated:				
20. Description of renovation/abatement and/or demolition work, including specific abatement/demolition method(s) to be used:				
21. Description of abatement work practices/engineering controls and waste handling procedures, specific to this site, used in preventing ACM emissions:				
22. Description of procedures to be followed if asbestos not previously identified is found or previously nonfriable asbestos becomes crumbled, pulverized or reduced to a powder:				
23. If an emergency abatement, complete the following information (attach additional sheets if necessary): Date and Hour of Emergency: Date (MM/DD/YY): ____/____/____ Time (12Hr Clock): ____:____ a.m. p.m. Description of sudden, unexpected event: _____ _____ _____ Explanation of how event caused unsafe condition, potential equipment damage or an unreasonable financial burden: _____ _____				
24. If an ordered demolition, identify the government agency issuing the order: (Attach a copy of the order.) Name: _____ Title: _____ Authority: _____ Date of Order (MM/DD/YY): ____/____/____ Date Order to begin (MM/DD/YY): ____/____/____				
25. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition/renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. Signature: _____ Title: _____ Date (MM/DD/YY): ____/____/____				
26. I certify that the above submitted information is correct to the best of my knowledge: Signature: _____ Title: _____ Date (MM/DD/YY): ____/____/____				
27. Indicate which of the following agencies/offices were sent their mandatory copy of the demolition/renovation notification. DNR has been delegated notification authority - USEPA no longer requires a copy of the notification. Note: Dry asbestos removal requests must be pre-approved by DNR, prior to required notification.				
____ Department of Natural Resources Asbestos Coordinator, AM/7 Bureau of Air Management P.O. Box 7921 Madison, WI 53707-7921		____ Department of Health & Family Services Division of Public Health Asbestos/Lead (Pb) Section P.O. Box 2659 Madison, WI 53701-2659		
Indicate single appropriate DNR Regional office:				
____ DNR - South Central Region 3911 Fish Hatchery Road Fitchburg, WI 53711 Phone: (608) 273-5606	____ DNR - West Central Region P.O. Box 4001 Eau Claire, WI 54702-4001 Phone: (715) 839-3700	____ DNR - Northern Region 107 Sutliff Ave. Rhinelander, WI 54501 Phone: (715) 365-8900	____ DNR - Northeast Region 1125 N. Military Ave. Green Bay, WI 54307 Phone: (920) 492-5800	____ DNR - NR/Superior 1401 Tower Ave. Superior, WI 54880 Phone: (715) 392-7988
____ DNR - Southeast Region P.O. Box 12436 Milwaukee, WI 53212 Phone: (414) 263-8500	____ DNR - WCR/LaCrosse Office 3550 Mormon Coulee Rd., Room 104 LaCrosse, WI 54601 Phone: (608) 785-9978	____ DNR - NR/Cumberland P.O. Box 397 Cumberland, WI 54829 Phone: (715) 822-3590	____ DNR - WCR/Wisconsin Rapids Office 473 Griffith Ave Wisconsin Rapids, WI 54494 Phone: (715) 421-7800	